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Try to understand how
the Alcoholics Anonymous
program works,

learn something about
Al-Anon Family Groups,

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"Not being a member I can perhaps describe and talk about A.A. with greater freedom than an A.A. member could."

C. Aharan, a psychologist

"Although Jenny's mother continued to drink, the child showed marked improvement . . . The modest gains I made with her were due to my knowing something about alcoholism through Al-Anon."

A teacher

"Various A.A. members visit me during the ten days that I am at the hospital. They all speak in glowing terms of the hospital and its staff. Many have been hospitalization cases themselves. I also notice that they are not always restricted to hospital visiting hours. In turn, talking to some of the nurses, I hear them speak very highly of A.A. This atmosphere of mutual co-operation has a terrific impact on me and prepares the way for my entry into an active, sober life with my new-found A.A. friends."

Freddy B.

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Preface

A talk given by Charles Aharan of London, Director of the Lake Erie Region, Alcoholism & Drug Addiction Research Foundation, to the Foundation's fourth annual summer course in 1965, is the basis for this book. His frank, informal assessment of Alcoholics Anonymous has provided an opportunity to print a book that has been needed for a long time.

What he says is based on more than his knowledge of A.A. over a period of years as director of the Foundation's services in the London area. He has also done research and he, himself, has worked with many alcoholics. Therapists and counsellors can learn many things about both A.A. and alcoholics from his detailed analysis of how the twelve step program works, and from his comments on other therapeutic advantages of the program. He also tells about the history and founding of A.A. and offers some suggestions for working with A.A.

Not every alcoholic can accept, or be helped by, A.A. Generally the number of alcoholics who are reached by A.A. at any time during their lives is less than 10 per cent of the total. (In Ontario—where the number of alcoholics is currently estimated as 92,000—A.A. estimate their current membership as 4,500.) People differ physically and emotionally. Their cultural backgrounds, social situations and drinking patterns differ. All alcoholics are not the same. Different kinds of alcoholics are described in Dr. E. M. Jellinek's book "The Disease Concept of Alcoholism".

A.A. helps many alcoholics. The families of alcoholics also need help. Information about Al-Anon Family Groups — a separate fellowship, not part of A.A. — two personal stories and a list of some publications with comment make up the latter part of this book.

It is hoped that this book will help non-A.A. professional people to understand the fellowship better and to work with its members more effectively.

ALCOHOLICS ANONYMOUS — ONE MAN'S VIEW

CHARLES AHARAN AND A.A.

FIRST of all, I want to say that it is really a pleasure for me to speak about A.A. It gives me an opportunity to express publicly my gratitude for the association that I have been privileged to have with this magnificent organization. This association has meant a great deal to me in my personal life. It has meant a great deal to me in my professional life. I have had a great deal of help from A.A. in general, and from A.A. members in particular.

I will tell you something of the experiences I have had. Let me say that I don't think my appraisal is objective — it is a pretty warm and favourable opinion that I have. Other psychologists, I understand, write books about a less favourable opinion.

The Speaker's Qualifications

In an A.A. meeting it is traditional for the speaker to state why he is there. I thought I might start off by qualifying my right — or my authority, if you like — to speak about A.A.

A Friend Started All This

About 14 or 15 years ago now, one New Year's day, I was contacted by an old Navy friend of mine who had celebrated too well the night before and for several nights before that. He asked me to help him.

At that time I was attending the University of Western Ontario. I arranged to meet him in the Y.M.C.A. in London. I went there with no idea of what I was going to be faced with or what I was going to do. There was my friend who had been drunk, I would think, for about three or four weeks. He was dishevelled and dirty and very sick. I had no idea what to do but I noticed on the bulletin board at the "Y" that there

was an A.A. meeting going on at that time in a certain room. So I took my friend up and we were welcomed.

Then An M.A. Thesis Topic

This was the beginning of a lengthy and interesting association with A.A. At that time I was searching around for an M.A. thesis topic. Immediately I became interested in A.A. and did my research in this field. A.A. members became subjects for my work. As a result of this I attended A.A. meetings regularly — at least once a week — for about six years. In the course of this time I got to be accepted by the boys pretty closely and that is probably the reason for my being asked to discuss this topic.

A Qualification No Member Has

There is one other qualification which I have that no A.A. member has. That is, I am qualified to speak to you on A.A. because I am not a member. An A.A. member, in the tradition of the program, is not allowed to become an authority on A.A. He cannot stand up and tell you what A.A. is. He can only tell you what A.A. means to him. So — not being a member — I can perhaps describe and talk about A.A. with greater freedom than an A.A. member could.

Just One Person's Interpretation

It is also customary in an A.A. meeting for the speaker, at some point, to ask for an open mind. He says that what he is talking about is just his story, just his interpretation, and may not be acceptable to all the members of his audience. He asks them to let it go in one ear and out the other if they do not like it and, if there is anything they do like, to hang onto it. I am going to ask you to do the same thing.

HISTORY OF A.A. — FOUNDING DAYS

Bill W.'s Story

I thought it might be useful to outline briefly the history of A.A. In many respects, it is the history of one man,

Bill W. In 1934 Bill W. was a fairly successful American businessman, a stockbroker on Wall Street. It was his experience and his method of recovery that led directly to the founding of A.A.

I cannot resist quoting something that Bill wrote about himself. During the First World War he was commissioned in the American Army. Stationed in a certain spot, and as an officer, he was projected into a certain kind of social life. He describes himself at that stage in this way: "There we were, projected among the society folk of the town ("we" being he and his wife). Again came that terrible feeling of inadequacy, that shy inability to speak more than two or three words in a row. It was overwhelming. One night, someone handed me a Bronx cocktail. Oh, what magic! I had found the elixir of life. Down went the strange barrier that had always stood between me and the people around me. My new companions drew near to me and I drew near to them. I was part of life at last. I could talk easily. I could communicate. Here was the missing link." This is the way Bill W. writes of himself and the initial experiences he had with alcohol.

Declared Hopeless by 1934

He found alcohol so rewarding that he continued to use it frequently and heavily. By the time of his discharge from the Armed Services at the end of the war he was a very heavy drinker. He started working for the railroad, was discharged, and then went into Wall Street. He was quite successful and was recognized as an up and coming young man on the Street. However, his drinking was very, very heavy. By 1934 it had completely dominated his life. During a period of hospitalization that year he was declared hopeless by a friend of his and his doctor, Dr. Silkworth, who figures prominently in the early stages of A.A.

It was when he was recovering from this last and most grievous bender that Bill was visited by a friend of his who had achieved sobriety through affiliation with the Oxford Group. This friend, Ebby, was known to Bill as at least as bad a

drunk as he was. Bill was impressed when Ebby came to visit him. Bill was extremely resistant and hostile to the God notion or the God concept; nevertheless he was impressed. Here was a man who had been at least as bad if not worse than he, who was sober. This was the start—the way he began to get the spark of *the therapeutic value of one drunk talking to another.*

Deflation at Depth

Bill rebelled against "the God bit" and characteristically decided that the only way to really come to grips with this issue was to taper off the bender that he was on when Ebby called. His tapering off attempts turned out the same way that they had always done and he was hospitalized again. He never forgot, so he writes, this experience of the visit from his friend. When he was in hospital, he began to consider more seriously the God issue—the spiritual bit—he writes that he called out to God asking that God would declare Himself. He says his words were: "If there is a God, let Him show Himself! I am ready to do anything—anything!" Bill describes what happened following that as a blinding flash of light, an exposure to the spiritual wind, and so on—the ways in which people try to explain a sudden and dramatic conversion experience.

This was an extremely powerful event in his life. After it had subsided somewhat, he began to question it. He began to use his education and sophistication. He began to wonder whether or not he hadn't been hallucinating and whether this wasn't some kind of psychotic episode. He was reassured by his doctor, however, that it was genuine and that these things can often happen in a person's life. His doctor gave him a copy of William James' "Varieties of Religious Experience" which he studied carefully. In this he read that nearly all religious experiences have a common denominator — namely, a complete hopelessness and a deflation at depth were almost always required to make the recipient ready. The phrase that Bill picked up and emphasized is the "deflation at depth" which, I am sure, is related to what we will talk about later — the necessity of "hitting bottom" in order for the recovery process to take place.

As a result of this experience, Bill felt immediately freed and emancipated. Somehow, he recognized what was tremendously important — that he had to communicate this experience to other alcoholics. *He became an evangelist.* He went about trying very hard to cure all the alcoholics in New York City and he was perfectly confident that he was going to be able to do this. However, his efforts met with complete resistance. He reports that he had no success whatsoever in that period. At this time he was associated with the Oxford Group.

The Akron Experience and Dr. Bob

He became re-established and was becoming moderately successful in business. In May of 1935 he was sent by a group that he represented to Akron, Ohio, to close an important business deal. When he got to Akron the deal fell through — he failed. I am telling you this because it is important in terms of the legend, the myth, or, if you like, the kind of atmosphere that exists within A.A. meetings about his founding A.A.

He describes what happened to him after the failure of his business mission. He was tremendously upset and depressed. He found himself in the hotel lobby and he paced back and forth. His route took him from the church directory at one end of the lobby to the entrance of the bar at the other. He walked back and forth and he didn't know what he was going to do. He panicked. Finally he turned to the church directory and picked out a name. He happened to pick the name of an Episcopal clergyman, Walter Tunks. He phoned this man and said, "I am a recovered alcoholic and I desperately need to know somebody to talk to, another alcoholic. Could you help me?" This was rather a strange and unusual kind of request for a clergyman to be receiving in those days. It wouldn't, perhaps, be so unusual today. In those days it was exceedingly unusual. However, this clergyman did give him ten names of people who might be able to help. He phoned them all and got no answer from the first nine. The tenth one he got in

touch with was a Mrs. Seiberling and she thought that she might be able to help. She invited him to go over to her house.

When he got there he explained further what he was trying to do and she put him in touch with a certain Dr. Bob who became the co-founder of A.A. Dr. Bob was a well-known doctor in Akron, Ohio, a very heavy drinker, an alcoholic. They got together and Bill told him of his experiences which seemed to have quite a meaningful effect on Dr. Bob. Bill's business trip was extended somewhat in Akron and he stayed with Dr. Bob. He nursed Dr. Bob through his one slip and it was through this association that the idea of A.A. began to grow.

Others Contributed to A.A.'s Success

Bill W. is the first to acknowledge the importance of non-A.A. members to the development and creation of A.A. He would say that if it were not for the non-alcoholic friends of A.A., the organization would not have survived its initial difficult years. In 1937 Bill separated himself from the Oxford Group. This was because of the authoritarianism of the Movement. The Oxford Group at that time, and I guess since, requires members to make public testimonials. This was an extremely difficult thing for the early alcoholics to think about and so the concept of anonymity crept in through necessity. The authoritarian presentation of God and God's power was also repugnant to many alcoholics. So Bill W. and Dr. Bob separated themselves from the Oxford Group.

Early Days and Publications

In the year 1937 they were able to count 40 recoveries, and in 1938 The Alcoholic Foundation* was established to serve as a trusteeship for A.A. In December of 1938 the Twelve Steps were written and by 1939 the membership had reached 100. In 1939 the Big Book was published. Perhaps, as important as its publication, was the review given it by Dr. Harry Emerson

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* Now known as The General Service Board of Alcoholics Anonymous, the Board serves as custodian of A.A. traditions and over-all service. The Board is made up of alcoholics and non-alcoholics.

Fosdick. In 1939 Liberty magazine published an article on A.A. which had considerable effect. The title of the article was "Alcoholics and God." In 1941 Jack Alexander's feature article appeared in The Saturday Evening Post. This provided tremendous impetus to the growth of the organization. By 1957 they claimed 200,000 members in 70 countries around the world. They claim more members now, over 300,000. This is, of course, an estimate because it is extremely difficult for them to be sure of the membership.

A.A.'S PROGRAM TODAY

Now, what is A.A.? The foregoing was a brief history of the experience of the founders, but what is it that evolved through their experiences? I thought, perhaps, I should read *the creed* that is often read at an A.A. meeting by some member. "Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for A.A. membership; we are self-supporting through our own contributions. A.A. is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety."

Character of a Meeting

How does it work? Usually a group is formed, a group of alcoholics come together, and these groups take several forms. They have what they call an open meeting where friends and relatives of A.A. members may attend. At these open meetings they usually have a speaker. They also have closed meetings just for members of A.A. themselves. These closed meetings may take the form of discussions, panel discussions, or they may have a speaker.

The Twelve Steps — How They Work

The Twelve Steps are the basis of the therapeutic program in A.A. I don't know how familiar you are with The Twelve Steps but I suspect there is a pretty wide familiarity with them. I just want to mention briefly some aspects of the Steps and some of the meanings that may grow out of them.

FIRST STEP

The first step is: *"We admitted we were powerless over alcohol . . . that our lives had become unmanageable."* This is a tremendously difficult step and most of the boys say that this is the hardest one to take. Sometimes, they say, it takes 30 years and endless thousands of dollars and all kinds of misery and degradation and so on. The interesting thing about this step is that it requires individuals to begin a process of submission and surrender by admitting they are powerless over alcohol and their lives have become unmanageable. This kind of admission, this kind of surrender, I think, *begins to assist the individual to become amenable to new ideas and to recognize and accept the need to change the way he is living.* Dr. Harry M. Tiebout, in an article called "The Therapeutic Mechanism of A.A.", emphasizes the act of surrender as the therapeutic value in A.A.—he emphasizes the surrender of a narcissistic ego. It is the inflated ego of the alcoholic that has to collapse. We describe this as the destruction of the rationalization system, or more commonly and effectively, described as "hitting bottom". *The individual has to arrive at the stage where his props go out from under him.* He has to acknowledge that he is incapable of managing his existence.

SECOND STEP

The second step: *"Came to believe that a power greater than ourselves could return us to sanity,"* again suggests further surrender, further submission, and the beginning of an idea of commitment — "came to believe". Came to believe that *there is, first of all, something more important than me.* To believe that I am not necessarily the centre of the universe — there

is something outside of me. To believe that *this something — if I commit myself to it — may be able to restore me to sanity.* An interesting thing in A.A. is that there is a tremendous resentment among some members of any suggestion of psychological or emotional incompetence. Yet one of the big words in the second step is return us to sanity. Again, this step — when a person accepts it and interprets it in the light of his own experience — cannot be made without a surrender of the ego and a willingness to admit that he is incapable of conducting his affairs.

THIRD STEP

The third step emphasizes to a much greater extent the notion of commitment: *"Made a decision to turn our will and our lives over to the care of God, as we understand Him."* I think the emphasis here is the beginning of commitment — turning one's will and one's life over to the care of God, as He is understood. This is what is tremendously important here — *the nature of the deity, if you like, is never explained.* It is the individual's own personal deity and he can make out of it what he wants. Now, in actual fact, most people seem to return to the deity of their childhood. It often seems to me that the kind of deity that is talked about in A.A. is talked about in a rather profane, idolatrous way — referred to as the "Man Upstairs", or the "Senior Partner", or the "Boss", and these kinds of things. However, the thing that is important is that this enables people to accept it. Particularly these resistant and rebellious people are encouraged to commit themselves to the notion of God which stems out of their own understanding. Whether it actually does stem out of their own understanding or not the fact is that *they are not told what it is that they must commit themselves to. They are allowed to put their own stamp on it.* In my opinion, success in the program depends very heavily on whether they do just that.

FOURTH STEP

The fourth step is: *"Made a searching and fearless moral*

inventory of ourselves." Here again the emphasis is on the need to examine myself in depth. What kind of person am I? This is possible only after the system of rationalization and defenses begins to crack. *A guy needs to see himself as he is.*

FIFTH STEP

The fifth step is: *"Admitted to God, to ourselves and to another human being the exact nature of our wrongs."* This *takes into account the well-recognized and long-known value of a public utterance about oneself.* It is one thing to say secretly to oneself, "I am a liar", or this or that or the other thing. This is a very easy thing to do, but to hear one's voice saying it out loud and sincerely to another human being sort of puts it on record — attaches a reality to it that it may not have when it is only whispered in the secrecy of one's room. It is the sort of thing, I believe, that is reflected in many people when they have a great and severe pain in their belly but they won't go to the doctor for fear the doctor is going to tell them, "You've got cancer". Somehow, as long as no one says it, I haven't got it! It seems to me that there is a necessity for a public commitment; an admission has a great deal of therapeutic value. They emphasize that *the fifth step should be taken with someone — it is not necessarily a public testimonial—it is a commitment to one other human being and to God about the exact nature of one's own shortcomings.*

SIXTH STEP

The sixth step: *"Were entirely ready to have God remove all these defects of character."* This again helps the individual to recognize—and tends to support the notion—that he is not himself able, without help, to solve his problems. It *begins to enable him to transfer his dependencies and to generate at least a healthier kind of dependent relationship.* This has been a big factor in his illness and in his life up to this point.

STEPS SEVEN, EIGHT, AND NINE

The seventh step: *"Humbly asked Him to remove our shortcomings."* Again, more of the same thing.

The eighth step: *"Made a list of all the persons we had harmed and became willing to make amends to them all."*

The ninth step: *"Made direct amends to such people wherever possible, except where to do so would injure them or others."*

Steps No. 7, 8 and 9 are the action part of the program and a tremendously important part. First of all, *the alcoholic has to manage his resentments and he has to be able to translate some of his new feelings into activity.* He is burdened tremendously with a great sense of guilt because of all the awful things that he has done. He tends to attribute this feeling that he has about his own personal unworthiness to his drunken behaviour. I, personally, don't think that it started there. But he certainly attributes it to his drunken behaviour. *It is extremely valuable and useful for him to be involved in activity which he feels will — in some way — undo the kinds of guilty acts that he remembers.* I can't overemphasize the value of this. I've seen it happen so many times in my own psychotherapy with patients once they are able to take the initiative and go and do something which they believe in their hearts that they should do. When they have done it a sense of well-being comes about within themselves, they feel good about themselves.

TENTH STEP

The tenth step is: *"Continued to take personal inventory and when we were wrong promptly admitted it."* This is an acknowledgement of a characteristic of the alcoholic — the tendency to defensive denial of his own responsibility for the kind of individual he is. That is why this step is here. It is *like saying to him, "You have got to be continually on guard that you don't kid yourself or fool yourself.* You have got to be honest with yourself and keep looking at yourself all the time."

ELEVENTH STEP

The eleventh step: *"Sought through prayer and meditation to improve our conscious contact with God as we understand Him, praying only for knowledge of His will for us and the power to carry it out."* I think that this is an extremely impor-

tant step emphasizing as it does the notion that life is characterized by an unending and incomplete task of improving one's relationship with God or the purpose of one's being. I think it *says to the alcoholic, "Look, you'll never graduate; there's no end to this; you must continue to search and to study and to improve your knowledge of God."* Which is another way of saying that meaning is derived from commitment and recommitment.

TWELFTH STEP

The twelfth step is: *"Having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics, and to practise these principles in all our affairs."* Of course this is a tremendously valuable step. First of all, in its most ideal sense, it is a step that transforms an egocentric, self-centred individual into a person who feels that he has something useful and valuable to give to his fellow human beings. *He feels that he has a purpose in his existence — to help people — and this is very useful to him.* Secondarily, and on a less idealistic plane, the opportunity of trying to convince somebody else that it is a good idea to try to live soberly often rubs off on the speaker. *It is pretty hard to sell somebody on the virtue of staying sober, and to be convincing, without sort of believing it yourself!* The other thing the twelfth step often does is to enable him to see, "There, but for the grace of God, go I." *It reminds him of himself — remembering when.* I think, too, it enables him to feel superior.

These are all parts of the things which I think have a positive value in the twelve steps.

OTHER THERAPEUTIC ADVANTAGES OF THE A.A. PROGRAM

Welcomed — Not Rejected

I would like to talk about some of the other therapeutic advantages of the A.A. program. The first thing we should consider is that an alcoholic is welcomed into the society of

Alcoholics Anonymous for the very reason that he may be rejected, or feel rejected, in most other segments of society. He is told that he is wanted and needed because he is an alcoholic. Perhaps he is told that he is loved and respected, if you like, because he is an alcoholic. His admission card is the very thing that has caused his rejection elsewhere. This has a tremendous impact on the individual. It certainly encourages him —if he wishes—to identify with a group and to acknowledge all the things that he was pretending did not exist before. For example, to gain identity in the A.A. group it is acceptable to tell about what a drunk you are and how much you drank. It doesn't matter. In fact, in the early stages you will often hear the boys bragging about their drinking. Sometimes there tends to be a certain status attributed to this. Of course this dies away very quickly. What is important here is a guy gaining recognition and acceptance through admitting — or, if you like, through identification with other people who do admit the presence of defect — that he has problems that he had thought were his alone. Up to this time he certainly had tried to deny to all the other people he interacted with that he had these problems. I think this is one powerful therapeutic practice.

Allowed to Identify His Own Disorder

Another thing that is important — and I think a lot of helping people should recognize this —is that the alcoholic in A.A. is allowed to identify himself with the disorder rather than being told what is wrong with him. He goes to a meeting and no one says, "Now your trouble is this, and this is what you should do about it." What he is more likely to encounter is somebody standing up on a platform and saying, "This is what I did. This is what happened to me. This is the result." He does not have to listen to too many speakers before he hears someone telling his story. No one is trying to force it on him. No one is trying to push it down his throat. He is permitted to identify. He begins to think, "That's me. I did that." This strengthens the feeling that he belongs there! I think most people who conduct psychotherapy recognize the value of creating a situation where

the patient is permitted to identify and accept the nature of the disorder rather than being directed and told in an authoritarian way.

The Socializing

Of course there are many other helpful things that evolve as a result of this group contact—the feeling of being wanted and needed, the recognition the individual gets. He is an important guy and he gets a lot of attention. This feeds his pathology initially, but it also facilitates his entry into a meaningful group situation. It provides him with the opportunity to socialize and this is certainly tremendously important in the early stages of abstinence. The question the alcoholic so frequently asks with great sincerity—and I sometimes think we do not pay enough attention to this—is, "What will I do if I don't drink?" His whole life experience is taken up and dependent upon the use of beverage alcohol. When he says, "What will I do if I don't drink?", it is a profound question. He has this terrible feeling of emptiness and he is asking, "What is there for me? What is there in life for me?" The fellowship of Alcoholics Anonymous is extremely valuable in helping fill in some of these gaps.

A "Selfish" Program

Another important feature of the program is the emphasis on the idea that it is a selfish program and an individual program. The individual's recovery is put ahead of everything else. Nothing is more important than getting better. They often describe this as a selfish program; I think that this is unfortunate because it creates confusion to use the term "selfish". It is a fact in the life of an alcoholic that nothing can be more important than a recovery because he will not be able to do anything or perform effectively unless he does recover, so this must be tremendously important. It is emphasized in the program.

An "Individual" Program

Another factor growing out of the fact that it is an individual program—and this I think is in recognition of the characteristic defensiveness of the alcoholic population—is the idea that,

"You can't tell me but maybe you can show me." Thus the individual is encouraged to make this program his own by interpreting it in the light of his own experience. I think this makes good sense, not just for alcoholics, but for anyone. If anything is to become meaningful in a person's life, it is only because he commits himself to it in relationship to his own personal unique experiences. The A.A. member who can tell you what it really means to say that he is powerless over alcohol or that he believes in a power greater than himself—when he really begins to know these things—is well on his way to recovery. Because he is encouraged to make it an individual program he doesn't have to resist and deny. On the other hand, you often hear of situations like this. A speaker will say, "Now this is an individual program and I want you to keep an open mind. What I am saying to you today is only my idea, but, I don't care what anyone says, you will never be better off unless you do this or that other thing." This will sometimes happen.

Living One Day at a Time

Another extremely useful aspect of the program is the unique "day at a time" concept. Stop to think about the condition of the alcoholic at the point where he starts to seek recovery. Think a little bit about the kind of guy he is. He tends to be the sort of person who wants to do everything all at once. Perhaps he thinks well-being and recovery are measured in terms of being extremely good at achieving all the things that are thought to be important, material well-being and this sort of thing. At the point where he comes for treatment he may have lost everything. Getting better and recovering, for him, is a monumental task. Quite apart from the terror of trying to live without alcohol, there is the hopelessness of his condition. His wife may have left him; his family may be scattered around the community; he may have lost his job; he has lost respect. He is in a dreadful state. Quite frankly, the situation and the condition of the patient have often been so tremendously difficult that I have

felt almost as depressed and overwhelmed as he. He faces a terrible task.

So, in A.A., they talk about a day at a time. They ask the individual to commit himself—if he can—to *the notion of being sober today*. They point out to him how impossible it is for him to say, "I am never going to drink again," because he doesn't know what he is going to do and he cannot predict with any degree of certainty. Another thing is that it would be a terrifying request if you were to ask him to say that he will never drink again. This is asking him to commit himself for a long period of time—forever into the future—to something which is terrifying him at this point in time. Instead, what he is encouraged to do is this: "Look, all you have to do is try the very best you can today." The value in this is that each day successfully completed reinforces his motivation and strengthens him so that the next day will become somewhat easier. They live in the present. This is appropriate not only because it is the only kind of reality there is—the reality of the present—but, when we think of the pathology of the alcoholic, it fits in very nicely because he has dedicated himself to the present in a very real sense. He lives in the world of the present by his constant desire to establish a sense of well-being and a condition of being free from pain now. The only thing that matters is how I feel now. You can say to an alcoholic who is feeling miserable, "Hang on, and tomorrow you will feel better." He will often say, "I don't want to feel better tomorrow; I want to feel better right now. The heck with tomorrow." Encouraging him to live a day at a time is extremely valuable.

THE TWELVE TRADITIONS

In addition to the twelve steps of the program, A.A. has twelve traditions*. These twelve traditions grew out of the recognition by early members of the need for some kind of unify-

* The Twelve Traditions are listed on page 31.

ing philosophy to give them direction in their relationships to the outside world. I would recommend that you read these traditions because they are extremely wise. The interesting thing about them is that they do help to keep A.A. together. Alcoholics Anonymous, you must appreciate, is populated by people who, through their own acknowledgement, are willing to recognize that they are not the most mature people in the world. The very fact that this magnificent organization has survived and grown is amazing and the boys in A.A. call it a miracle. They will often say, "To think that a bunch of nuts like us could be responsible for a thing like this." A.A. members will talk this way (you had better not talk this way, but they will talk this way themselves). The twelve traditions are very meaningful in this regard.

Anonymity — The Twelfth Tradition

I would like to mention only the last tradition, the twelfth. This is the tradition of anonymity. In North America the anonymity concept is not, perhaps, as important as it is elsewhere. I understand that in Britain, for example, anonymity is extremely important but in North America A.A. members quite freely break their own anonymity. However, they are encouraged not to do this. The reason for this is that anonymity is not designed to protect a person from the embarrassment that he may be recognized as a member of A.A. Rather, it is to remind him constantly of the necessity of putting principles ahead of personalities. Today, when so many people are recognizing A.A. and are going out and wooing A.A., it is tremendously tempting for A.A. members to become "Mr. A.A." Many people in A.A. have the opportunity of gratifying some unhealthy impulses by being the centre of attention and getting recognition. They become speakers in churches, they become speakers to service clubs, and so on. At times they come perilously close to compromising their position. Once, when I participated in an A.A. program on television, some of the panel members started talking about drinking and driving and the age when alcohol is legally available to young people. As private citizens they had

every right to talk about that. As A.A. members they had no right to talk about it in terms of one of the traditions of not endorsing any kind of cause and venturing no opinion about any kind of cause. These are some of the factors that seem to me to operate in A.A.

WORKING WITH A.A.

I WOULD like to say something about working with A.A. It is an extremely valuable thing to appreciate the contribution that A.A. can make. As this appreciation grows, more and more people are trying to work with Alcoholics Anonymous. *First of all, I have found over the years that it is very important to try to get to know the various groups within a community.* Get to know some of the boys. Take the trouble to demonstrate to them that you want to learn from them. No matter how knowledgeable you are, you are probably never so knowledgeable that you can't learn something from them. When you go to their meetings, in humility and with an eagerness to learn, I think you will find that your acceptance will be very great. Gradually you will get to that position where you will be able to have your own opinion and to argue with the boys. They won't expect you to believe everything their way, but it takes time.

Don't Become "An Authority"

The other thing you should resist is the temptation they will expose you to—making you an authority. A clergyman, a doctor, a nurse, or anyone else who shows any interest in A.A., will very quickly be asked (if he is a reasonable guy at all) to become a speaker. The first thing you know you can have a glorious time going around the countryside speaking to A.A. groups. This is a very gratifying thing because, if you are at all perceptive, you will quickly know what to say. You will tell them what a great bunch of people they are, how wonderful they

are. They, in turn, will tell you how wonderful you are and you will really feel good about it all. I think that this is one thing that a person needs to be cautious of because you become too familiar and, often, your usefulness within the community is impaired by this kind of strong identification.

Choose Your "Helper" With Care

Another thing is—if you want an A.A. man to help you—I think that it is fair to say that you should use some kind of caution in choosing the person to help you. It is a fact that growth in A.A. usually takes time. If you want an A.A. helper I think you are very wise to contact the man who has had some experience—say five years, or two years at least. One of the things you will often encounter is the A.A. evangelist. Very often he is the guy who has been in A.A. for six or seven months or less. He becomes tremendously enthusiastic—this is good for him and it helps him a great deal. However, the fact of the matter is that this guy still has a lot to learn. He is going through a process that the older men recognize. The older men help him with this, but in terms of establishing a relationship with your organization or whatever it is, he is not necessarily the best man to deal with.

Always Respect A.A. Traditions

Finally, the only other thing I would advise you to do in working with A.A., is to be scrupulous in respecting the traditions of the program yourself. For example, never take an A.A. man's anonymity for granted. He may be completely indifferent to it, but that is up to him. It is not up to anyone else. Whenever you are in the position of introducing an A.A. man, and he is known as an A.A. man, simply say, "This is Bill." It is up to him to decide if he wants to be known any other way. Do not be careless of the things that are important in the A.A. program.

In Ontario only

ONTARIO A.A. MAILING ADDRESS
Attention Liaison Chairman
Box 686
Adelaide Street Post Office
Toronto 1, Ontario

ALSO check for listing in your local phone book or, in smaller centres, ask the police or clergymen.

To Contact A.A.

TORONTO INTER-GROUP RECEPTION CENTRE AND OFFICES
2 Gerrard Street West
Toronto 2, Ontario
Phone: EM. 6-8684-5
Hours: Mon. thru Fri.
9.00 a.m. to 11.00 p.m.
Sat., Sun. and Holidays
1.00 p.m. to 10.00 p.m.

ONTARIO GENERAL SERVICE COMMITTEE
Have a confidential directory for internal use. Through the Ontario Box Number you can be put in touch with A.A. in any area. There are currently 380 A.A. groups in Ontario. This includes institutional groups and covers 178 cities and towns. The larger cities have printed lists of meetings in their own areas.

METRO TORONTO INTERGROUP COMMITTEE
Publish a list of meetings in Metro Toronto as well as a booklet about A.A. in that area — how it has grown and how it is set up.

A.A. MEETINGS may be open or closed. Some are discussion meetings. There are also special groups for men only, women only, young people, or groups in institutions. Anyone may attend an open meeting.
THE GROUPS DIFFER, just as other groups differ. It is a good idea for a prospective member, or an observer, to visit more than one group.

WE SUGGEST:
(1) Check first to be sure the meeting is "open" to observers and prospective members.
(2) A professional person should contact an A.A. group before visiting so that it is known that you are coming as an observer — or that you are sending or bringing a patient, client or employee.
(3) For speakers, contact the appropriate address listed above at the time a speaker is needed. Situations change. It is important to have the most appropriate person for a particular occasion.

We thank the Ontario A.A. and Al-Anon members who provided facts used on these centre pages. All comments throughout the book are those of the editor.

To Contact Al-Anon Family Groups in Ontario

ONTARIO AL-ANON
MAILING ADDRESS
Al-Anon Family Groups
Box 474
2439 Eglinton Avenue East
Scarborough, Ontario

IN METRO TORONTO AREA
Al-Anon have an answering service phone number 366-4072. This is for local inquiries.

AL-ANON FAMILY GROUPS do not have an Ontario *office* at the present time. Inquiries will be forwarded to the proper person anywhere in Ontario from the box number shown.

ANOTHER WAY OF CONTACTING AL-ANON is by inquiring through local A.A. members.

IN ONTARIO there are currently 124 Al-Anon Family Groups. In areas where there are no Al-Anon Groups, relatives or friends may attend the open meetings of A.A. and A.A. members will endeavour to help them in any way they can.

ALATEEN GROUPS and STAG AL-ANON GROUPS are part of the Al-Anon Family Groups and may be contacted in the same way.

AL-ANON MEETINGS are usually just for the members. Always take this for granted unless you have definite knowledge to the contrary. The meetings are likely to be smaller and more informal. We think you will find that professional "observers" are welcomed.

THE GROUPS DIFFER, just as other groups differ. It is a good idea for a prospective member, or an observer, to visit more than one group.

WE SUGGEST:
(1) *Always* contact an Al-Anon group before visiting.
(2) Let them know when you are sending or bringing a client, patient or parishioner.
(3) For a speaker, contact the Ontario Box Number until you learn the name of the person in your own locality who is responsible for arranging speakers or special meetings.

The Alcoholism & Drug Addiction Research Foundation regional program centres located in Toronto, London, Ottawa, Hamilton, Fort William, Sudbury and Windsor — or Education Division, 24 Harbord St., Toronto 5 — will be pleased to provide additional copies of this handbook for residents of Ontario.

AL - ANON FAMILY GROUPS

"Al-Anon is a separate fellowship, not a part of A.A. However, both are closely allied and co-operate with each other in every way possible. Al-Anon, like A.A., stresses the anonymity of members of both fellowships."

In the Al-Anon Family Groups are wives, husbands, relatives and friends of problem drinkers generally (whether or not they are members of A.A.). The Al-Anon program is based on the A.A. Twelve Steps and Twelve Traditions — applied to themselves and to their fellowship. One person who knows these groups best, Dr. Joan Jackson, describes them as providing the same situation for the families of A.A. members and having *the additional asset of helping the families of alcoholics who are still not interested in receiving help for themselves.*

The purposes of Al-Anon — as stated in one of their publications:

"1. To help solve problems due to alcoholism in the home.
2. To share the experience, strength and hope of others in similar circumstances.
3. To improve our own emotional health and spiritual growth.
4. To provide a more wholesome environment for the whole family, including the alcoholic, drunk or sober."

* * *

Originally, they were known as wives' groups. Some were women's auxiliaries of A.A. concerned with such things as serving coffee and cake. But, right from the early days of A.A., relatives held *meetings to discuss their problems and to practice the Twelve Steps themselves.* The groups formed spontaneously. (It is interesting to note that one of the very first Al-Anon groups was Toronto Wives' Group formed in January, 1944.) Gradually these early groups developed into family groups. The Al-Anon Family Group name was adopted in 1950 and a headquarters established in New York in 1951.

"Because of the great need of teenage children of alcoholics to share their problems with those their own age who understand, the ALATEEN GROUPS have evolved as a branch of the Al-Anon Family Group." For the book "Al-Anon Faces Alcoholism", Father Frederick G. Lawrence, M.S.SS.T., wrote a chapter "Why Alateen?". It is worth reading.

The whole program is aimed at relatives of alcoholics regardless of sex. In some areas STAG AL-ANON GROUPS for the husbands of alcoholics have been formed as a branch of the Al-Anon Family Groups.

* * *

Al-Anon meetings are usually closed meetings but the groups have open meetings on special occasions and at intervals throughout the year. It is our experience that Al-Anon members are pleased to cooperate with professional people who wish to learn about their program.

The Al-Anon Family Groups program can be helpful to relatives and friends of alcoholics who are A.A. members. It is very important to remember that Al-Anon helps many families when the alcoholic himself continues to drink. The following story about one teacher's experience with the daughter of an alcoholic shows how professional people can also learn from Al-Anon.

All quotations on pages 24 and 25 are taken from Al-Anon Family Group's own publications.

The chapter which follows is reprinted from (c) AL-ANON FACES ALCOHOLISM 1965 with the permission of the publisher, Al-Anon Family Group Headquarters, Inc., P.O. Box 182, Madison Square Station, New York City.

A TEACHER FINDS GUIDANCE IN AL-ANON

I realize that Al-Anon is a Family Group, but I'm sure many people are confronted in some way with this problem, without having alcoholism in the immediate family.

LET me begin with the story of one little girl who came under my care because it is so typical of these situations.

Jenny was a cute little eight-year-old in my third grade class. She was new to the school the year I had her. Her work was satisfactory and she was very sweet, but I noticed with some wonder that even the slightest confusion, such as missing her ride home from school, made her "go to pieces." She would cry hysterically and appear completely at a loss. On many occasions she would perspire freely, and with an offensive odor as a highly nervous adult might.

She was musical, well co-ordinated, and generally creative, as the daughter of an actor and an actress, but her artwork resembled that of a five-year-old. Her paintings were invariably of many-windowed apartment buildings, sun in sky, lollipop trees such as you might see in an exhibit of kindergarten work.

As I observed her closely, there were definite indications of some problem in her listlessness, daydreaming, withdrawal, constant need for praise and reassurance, and panic at minor changes in routine. She seemed to have difficulty with verbal communication. Other children talked freely of their life at home; she avoided any mention of her parents as though it were something that could not safely be talked about.

One morning after assembly, her mother came up to the classroom "just to say Hello". This visit gave me an inkling of what the problem might be. My impression that she had been drinking was confirmed by a strong breath of liquor. About a month later, at a parent-teacher tea in mid-afternoon, I again noticed an alcoholic flush and liquor on her breath.

Soon after, one of the other parents told me that Jenny's mother was an alcoholic.

This is a difficult situation for a teacher. To the family, she is an outsider, not permitted to take any step toward correcting a problem that is clearly damaging a little child. I did the only thing I could—tried to help Jenny by creating a school situation that would offset, to some degree, the home problem.

Through the regular channels of school discipline I attempted to bring a pattern of order and regularity into her life. Where parental guidance was obviously haphazard, lacking direction and consistency, I tried to have school offer her every possible opportunity to meet and work out problems in ways that were within her capabilities.

The school can and should play a dual role in the life of the child from an alcoholic home. It must not only provide discipline, education and adjustment to group living, but the individual teacher should, if she can, add the love and security that build self-confidence.

Because of the abnormal situation, I felt it my job to help Jenny meet her problems as they occurred, to teach her to evaluate them in relation to the world outside the home, and to solve them in a satisfying and realistic manner. I tried to keep Jenny functioning in a normal way, to prevent her from feeling so overwhelmed that she would want to escape into fantasy or apathy. Giving her extra responsibility helped to build her confidence and independence.

Although Jenny's mother continued to drink, the child showed marked improvement. Encouragement and praise made her aware of her own value. Giving her one of the leading parts in our class play did her a great deal of good. I put her in charge of small work groups within the class to give her a sense of importance. During moments of stress, I reminded her that the "crisis" was only a minor matter, to help her achieve a sense of proportion. I'd explain that it was not "the end of the world" and that she need not worry about tomorrow.

Although she did not fulfill her potential in her classwork, her grades did improve, and her creative endeavors, so often

a measure of a child's state of mind, showed much greater freedom of expression by the close of the school year.

* * *

I had had the usual training for my work as a teacher, but this training does not stress such unusual problems as I encountered in working with Jenny. The modest gains I made with her were due to my knowing something about alcoholism through Al-Anon. And this was due to mere chance. A friend who teaches in the same school had a brother whose alcoholism was bringing disaster to the family. She often confided in me and I became sufficiently intrigued that I asked to go to an Al-Anon meeting with her. I remember sitting next to a troubled woman who asked me who in my family was the alcoholic. She was astonished when I told her no one, and explained why I was interested. "I realize," I said to her, "that Al-Anon is a Family Group, but I'm sure many people are confronted in some way with this problem, without having alcoholism in the immediate family."

"That's true," she agreed. "I never thought of it that way before, and isn't it wonderful to be able to think that the title Family Groups can be applied to the whole *human* family! How much help you'll be able to give those children just from being able to recognize the problem and help strengthen them to meet it."

Needless to say, I am by now no stranger to Al-Anon, and much that I have learned has helped me start at the outer edge, so to speak, to offset alcoholic damage that is being done a long way from my classroom.

* * *

Perhaps it will be helpful to others in my situation to have me summarize what I have learned from such cases as Jenny's through the application of Al-Anon principles to them.

The children of alcoholic parents present special problems

in behavior and attitude. Not only are they emotionally affected by the alcoholic, most often the father, but they are affected by the anxieties of the nonalcoholic parent who is trying to cope with the situation. In fact, the nonalcoholic parent can often be the major disturbing factor.

Sometimes the child is hardly aware of the alcoholic parent's drinking, especially if it is the father who is away during the day and who may do his heavy drinking late at night. The child is made aware of the problem by the mother while the father is away from home. By being thus exposed to it at second hand, the child may respond out of all proportion to the threat to the family's well-being. Many alcoholic fathers actually radiate warmth and a sense of devotion which the child contrasts with the disapproval of the mother who may share her disturbed feelings with the child, conveying to him that it is only because of her that the family is able to survive. The child may see the mother's angry recriminations turn the father's amiable mood into anger and violence. Unable to evaluate the situation, unwilling to blame either parent, the child withdraws into a noncommittal attitude that makes it difficult to communicate. It is this attitude, carried over into the classroom, that should warn the teacher that there is a problem at home.

It is usually easier to detect the child from a home where the mother is the alcoholic. The general appearance of the child, a lack of attention to dress and even a general debility because of poorly supervised eating and sleeping regime, can alert the teacher that a problem exists.

The symptoms of a child from an alcoholic home may differ very little from those of a child from any other disturbed home environment. The main difference appears to be a breakdown in verbal communication. Exposed to a fluctuating conversational level at home, ranging from morose silence to wild ravings, the child becomes more and more withdrawn.

In normal early childhood, much of a child's talk concerns his home life—parents, pets, friends and activities. The child from an alcoholic home soon learns that most of what he sees

and hears at home cannot be safely discussed outside. He learns early to censor his conversation to avoid mention of the alcoholic scenes at home, a censorship that spreads to other areas of conversation. He is abnormally wary about thinking before he speaks. This, in the uninhibited world of children, soon leaves him behind in the carefree verbal give-and-take.

When the problem of alcoholism is suspected, what should be the role of the teacher, the school social worker, or whoever is in contact with the child?

It may be cautiously approached by a direct interview in which nothing is discussed but the child's difficulties. The interviewed parent will rarely acknowledge that the problem is due to alcoholism; almost never if the interview is with the alcoholic. Rarely will even the nonalcoholic parent admit it to a person she feels is a stranger; the protective instinct is very strong.

The interview works both ways, however, even if no mention is made of an alcoholic problem; the parent being interviewed will realize, perhaps for the first time, how seriously the child is being affected. This may be sufficient to cause the family to take positive action. But as a means of helping the child, the interview is an uncertain and long-range tool; the teacher is in a position to do something constructive for the child only in their daily meeting in class. She can utilize the school regulations to give him a sense of order and security, teach him to meet problems realistically, and give him some of the training which is usually lacking at home. These efforts to help the child function in a normal manner may not be wholly successful, but with knowledge and compassion, the teacher can hope to make some improvement. In providing a measure of peace and stability, the child will be strengthened to withstand the damage of the alcoholic home. And the teacher who has had some contact with Al-Anon's principles will be all the better fortified for this task.

AA'S TWELVE TRADITIONS

(1) Our common welfare should come first; personal recovery depends upon AA unity.

(2) For our group purpose there is but one ultimate authority . . . a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants . . . they do not govern.

(3) The only requirement for AA membership is a desire to stop drinking.

(4) Each group should be autonomous except in matters affecting other groups or AA as a whole.

(5) Each group has but one primary purpose . . . to carry its message to the alcoholic who still suffers.

(6) An AA group ought never endorse, finance or lend the AA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.

(7) Every AA group ought to be fully self-supporting, declining outside contributions.

(8) Alcoholics Anonymous should remain forever non-professional but our service centres may employ special workers.

(9) AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.

(10) Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.

(11) Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio and films.

(12) Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles before personalities.

THE SERENITY PRAYER

God grant me the serenity to accept
the things I cannot change,
courage to change the things I can,
and wisdom to know the difference.

FREDDY B'S STORY*

I AM an alcoholic. My name is not important. It is over a year now since my last drink, and I can now put down something of my story. This is not done out of pride or ambition—I remain anonymous. Nor is it done out of a sense of drama or warning—you can't really scare an alcoholic into sobriety. I write this in gratitude—I have so much to be thankful for!

My story begins over a year ago in the St. Mary's River near Sault Ste. Marie. I am seated in my car, a short distance from the shore, with the icy, smelly water of the river up to my neck. A lifetime of uncontrolled drinking and the attendant mental turmoil have put me here. I am not drunk—I am insane. Utterly and certifiably insane! I have had all I can take from the old Master Liquor. I have tried to fight my way to sobriety by myself. By myself, I can't do it!

I am aware of the events preceding my arrival here, in the water, and I am aware of what is going on around me—some of the things. I am not to learn for a year that the police are looking for my car and me. The police radio message is laconic—"he left his residence on the hill—his landlord reports he was acting strangely." Two uniformed men, then unknown to me, hear that call. One is on a suburban force and is to have an important effect on my later life; he is a member of A.A. The other is on riverfront patrol and sees my car out in the water. The radio had said it—"he was acting strangely." I have a tremendous respect today for the courage of this man, who commandeers a ride in a flat-bottomed punt to approach an unknown lunatic. He is a young man, a family man. Through the nature of his work and his training, he is well aware that he is taking his life in his hands. This is just so many words in a novel; but these things do happen in real life. He does not pull a gun to protect himself; he shows no fear or hesitation.

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* This story is reprinted from the Autumn, 1962, issue of ADDICTIONS, quarterly publication of the Alcoholism & Drug Addiction Research Foundation, Toronto.

The entry of the police into the dream world in which I am living gives me no indication of the tenseness of the situation. I see only a friendly man in a blue uniform who speaks to me quietly and pleasantly. It seems I can respond when he tells me what to do, and I hang onto the edge of the boat as they row for shore.

"Cop" — A Pleasant Word

As they put me in the police cruiser, both he and his partner are pleasant and friendly—they keep me talking. Their every word and gesture is designed to foster an atmosphere that convinces me that they are my friends and are only trying to help me. Now, I know that they could not be getting very much sense out of me. I am filthy and smelling of the vile river water. Water from a busy harbour anywhere stinks!

I remember very little now of my time at the station or the subsequent trip to the hospital—just glimpses here and there. Through it all runs the knowledge that I was in good hands, that I was amongst those who would help me. To the day when I go to greet my Maker, I will remember these men with gratitude. "Cop" is a pleasant word to me today—a word and a thought of respect.

Parents Never Give Up

Despite years of heartbreak and disappointment, parents never give up—not really. Mine are in a distant city, and for years, we have been separated by much more than miles. My employer informs them of what little he himself knows. They come—fearing the worst, hoping very faintly. My father is a proud and successful man, and it is a very bitter pill to have to approach strangers at a police station in a strange city to enquire into the state of the only son in whom he took such pride many years ago. He met different men than I, but the reception he got has left a lasting impression on him. He continually refers to these men as a force trained and dedicated to helping the public. That impression is today as strong with my parents as it is with myself.

I am fortunate and sanity soon returns. I am lying in a hos-

pital bed and feel that I am under sedation. I am well aware that hospitals find dealing with an alcoholic a thankless and heart-breaking business. They do not know what to expect—violence, filth, foul language and the apparent desire only to return to the hell of a drinking life at the first opportunity. To those who are dedicated to a life of service and betterment, an alcoholic must appear as understandable as a visitor from outer space. However, they do not draw away from me as a pariah—all I could honesty expect. They are pleasant and very, very kind. Without the sedation, my nerves and emotions would be uncontrollable; with it, I am just weak and helpless. They look after my needs and relieve my mind. I am on the road to recovery.

A.A. Door Is Opened

Another day, and I am well enough to phone the police from the hospital. Fearing the worst, I am relieved. I have hurt no one and no charges are against me. They tell me that the officer who brought me in is out on patrol and will drop in if I would like to see him. I would! I am a little surprised to recognize him when he enters the room—something like having a part of a dream turn up in real life. We talk, and I tell him of my alcohol problem. His duty in my case is finished, but he goes out of his way to tell me about an A.A. friend of his who is also a policeman. He goes further and contacts this friend, and asks him to come and see me. His friend does come to see me, and the door to a wonderful life in A.A. is opening for me.

The doctor who was on emergency duty, attends to me for possible exposure damage—chest x-rays, etc. He is an extremely busy man, and has undoubtedly dealt with alcoholics before; he knows that the majority will repeat—that his professional skill is more needed by other sick persons, ones he knows that he can cure. He takes the interest, however, to enquire if I would see the hospital psychiatrist and when I agree, he is very prompt in arranging a consultation.

Today, I recognize the importance of this new contact in my life. He is a psychiatrist and a specialist in internal medicine

with, moreover, a sound knowledge and belief in A.A. and its principles. He understands alcoholics as much as a non-alcoholic can—he understands me! He sets up the course of treatment I desperately need and arranges for its continuation. I have only been in this city a short time and have no regular doctor. I visited one once while under the influence. He could do nothing for me and knew it, but he does accept me as his patient so that I can stay at the hospital for a few days.

Hospitals and A.A. — Mutual Cooperation

I also talk to one of the senior nursing sisters who, I find, has a regular contact with an A.A. member. She goes to considerable trouble to locate this man and also to chase around the hospital to find a copy of the A.A. book for me.

Various A.A. members visit me during the ten days that I am at the hospital. They speak in glowing terms of the hospital and its staff. Many have been hospitalization cases themselves. I also notice that they are not always restricted to hospital visiting hours. In turn, talking to some of the nurses, I hear them speak very highly of A.A. This atmosphere of mutual cooperation has a terrific impact on me and prepares the way for my entry into an active, sober life with my new-found A.A. friends.

Many people have helped me during the past year; more during the period of this little story. I couldn't include them all. I know now that not all alcoholic cases are hopeless—that this is a sickness that can be arrested. I number among good friends many with a decade or more of sober, useful lives of service to their fellow man.

I am very sincere in my thanks to the God that brought me to Sault Ste. Marie. I well know that without this directing influence things would be very different for me today. I see a vision of a being that could very easily be me—a derelict, penniless, jobless, cut off from family and friends—from God and life itself—shuffling aimlessly and hopelessly along the drab back lanes and sordid alleyways of some distant city. I have seen these places—they exist in every city—to which derelicts drift

while the last flicker of hope and life wanes away. This is not a vision formed only of inexperienced dreams—I have friends in these places. Some will come back—many will not. Only the selfless help of many has prevented that vision from becoming a reality for me.

AA's 12 Suggested Steps

1—We admitted we were powerless over alcohol—that our lives had become unmanageable.

2—Came to believe that a Power greater than ourselves could restore us to sanity.

3—Made a decision to turn our will and our lives over to the care of God *as we understood Him.*

4—Made a searching and fearless moral inventory of ourselves.

5—Admitted to God, to ourselves and to another human being the exact nature of our wrongs.

6—Were entirely ready to have God remove all these defects of character.

7—Humbly asked Him to remove our shortcomings.

8—Made a list of all persons we had harmed, and became willing to make amends to them all.

9—Made direct amends to such people wherever possible, except when to do so would injure them or others.

10—Continued to take personal inventory and when we were wrong promptly admitted it.

11—Sought through prayer and meditation to improve our conscious contact with God *as we understood Him,* praying only for knowledge of His will for us and the power to carry that out.

12—Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

A WAY OF LIFE

This refers to the alcoholic and the Alcoholics Anonymous program. It is a quotation from an A.A. pamphlet addressed to the Medical Profession —

> "And he is given a realistic program for rehabilitating himself, a program whose reliability has been tested in thousands upon thousands of cases."

ABOUT PUBLICATIONS

Acceptance . . .

History . . .

Tradition . . .

It is true that there are A.A. publications addressed directly to members of various professional groups. But it is also still quite possible for any doctor to be given a widely distributed A.A. pamphlet telling about the program generally which states on one page, "Most of us were relieved when it was explained to us that alcoholism was an illness." And on the very next page it says "It was emphasized to us from the beginning that no one but we, ourselves, could determine whether or not we were alcoholics. The admission had to be sincere and based on our own judgment —not that of a doctor, husband, wife or spiritual advisor."

It has been our experience that professional people are not too happy reading many of the A.A. publications. They refer to all the repetition, the numerous testimonials and some statements that they just cannot accept as being true.

When reading A.A. and Al-Anon publications one certainly has to try to sort out what is "about the program" and what is "for those in the program". Many of the publications—particularly the early A.A. ones—need to be considered from an historical and traditional standpoint. Also, one has to recognize that personal stories in the A.A. and Al-Anon publications are meant for persons directly concerned with the problem and that they are necessary and important to them.

. . . MORE ABOUT PUBLICATIONS

While it is a fact that a number of individuals can't or won't accept A.A. or Al-Anon, it is well to remember that situations do change. Many people are able to accept help at one point in time when they were not able to do so at another time. If you have some knowledge of *appropriate* A.A. and Al-Anon publications it is possible to use these *wisely,* exerting a positive influence and contributing to the individual's acceptance of the help A.A. or Al-Anon might have to offer.

Over the last four years the Foundation's Education Division has been experimenting with a mimeographed Information Sheet about A.A. and Al-Anon. Designed for residents of Ontario, it provided information on contacting these two organizations as well as listing some of their own pamphlets. Because of the demand for this kind of information it is included here. The A.A. and Al-Anon publications suggested could be helpful and interesting to you, your patients, clients, employees, parishioners, or those in your custody.

It should be noted that the choice was made at a certain time and in relation to some of the Alcoholism & Drug Addiction Research Foundation's own publications available to Ontario residents. This has been described as an attempt to "sort out" concise and specific information.

BOOKS

A. A.

Of the three A.A. basic texts, we especially recommend TWELVE STEPS AND TWELVE TRADITIONS, 1953, 190 pp., $2.75 (a new pocket size gift edition, priced at $3.00, was introduced at the 30th Anniversary International Convention held in Toronto, July 1965). Written mainly for members, "it presents an explicit view of the principles by which A.A. members recover and by which their society functions". Concise, helpful information.

ALCOHOLICS ANONYMOUS ("THE BIG BOOK"), second revised edition, 1958, 605 pp., $4.50. Basic text of the fellowship with many case histories. Originally published in 1939 when the membership was small. Deals with low-bottom cases only.

A.A. COMES OF AGE, 1957, 335 p.p., $4.00. History of A.A.'s first two decades. Report of the 1955 A.A. convention in St. Louis commemorating the 20th anniversary of the founding.

AL - ANON

Of the two Al-Anon basic texts, we especially recommend LIVING WITH AN ALCOHOLIC, revised, expanded edition, 1960, 139 pp., $2.75 (U.S.A.). Described as "a guide for families of problem drinkers and Al-Anon groups". Concise, helpful information.

AL-ANON FACES ALCOHOLISM, 1965, 285 pp., $4.50 (U.S.A.). One third of the book is professional comment; the rest is mostly personal stories.

ALCOHOLISM

NEW PRIMER ON ALCOHOLISM — Mann, M., Rinehart & Co. Inc., New York and Toronto, 1958, 238 pp. "An immediately useful handbook" for all connected with alcoholism. "Answers the multitude of questions everyone has and brings a vital message of hope to those personally interested." A first choice for general understanding.

NOTE — *Publications listed on pages 41, 42, and 43 are NOT available from the Education Division of the Alcoholism & Drug Addiction Research Foundation.*

SOME A.A. PAMPHLETS RECOMMENDED

1. A.A. HELPFUL ALLY IN COPING WITH ALCOHOLISM, 1961 — 6 pp., price 5¢* (general information — answers questions about the Society).

2. THE FELLOWSHIP OF ALCOHOLICS ANONYMOUS — (background information in a folder prepared originally for the 25th anniversary observance in 1960 — answers questions frequently asked by writers, editors and broadcasters).

3. ALCOHOLICS ANONYMOUS REPRINT FROM THE SATURDAY EVENING POST, 1941 — 17 pp., price 2/25¢ (Jack Alexander's article still well worth reading).

4. A.A. REPRINT FROM FORTUNE, 1951 — 13 pp., price 2/25¢ (includes what to expect if you attend an A.A. meeting).

5. QUESTIONS AND ANSWERS ON SPONSORSHIP, 1958 — 21 pp., price 2/25¢ (covers both individual sponsorship and institutional groups).

6. THE ALCOHOLIC EMPLOYEE, 1952 — 30 pp., price 2/35¢ (addressed to employers).

7. THE ALCOHOLIC HUSBAND, 1954 — 21 pp., price 2/25¢ (a message to wives).

8. THE ALCOHOLIC WIFE, 1954 — 21 pp., price 2/25¢ (a message to husbands).

9. A LETTER TO A WOMAN ALCOHOLIC, 1954 — 14 pp., 2/25¢ (for women alcoholics).

* In Ontario, A.A. publications may be purchased from:

Reception Centre and Inter-group Office,
2 Gerrard Street West,
Toronto 2, Ontario.

SOME AL-ANON PAMPHLETS RECOMMENDED

1. AL-ANON, YOU AND THE ALCOHOLIC, 1958 — 12 pp., price 15¢* (about the program — comprehensive, informative).

2. A GUIDE FOR THE FAMILY OF THE ALCOHOLIC — 16 pp., price 10¢ (reprint of an article by Rev. J. L. Kellermann — the family situation presented, suggestions offered as "a guide to be used with intelligence and evaluation").

3. TO WIVES AND THE FAMILY AFTERWARDS — 28 pp., price 25¢ (reprint of chapters 8 and 9 from "Alcoholics Anonymous", deals with family problems).

4. WHAT'S NEXT? — ASKS THE HUSBAND OF AN ALCOHOLIC, 1964 — 8 pp., price 10¢ (Al-Anon book for husbands).

5. YOUTH AND THE ALCOHOLIC PARENT, 1960 — 12 pp., price 10¢ (questions and answers for young people).

* Prices quoted for Al-Anon publications are those listed (in U.S.A. funds) by:

Al-Anon Family Group Publications,
P.O. Box 182, Madison Square Station,
New York, N.Y. 10010

The Al-Anon Family Groups in Ontario have no office at this time (1965). Order publications directly from New York.

Comments from observers at meetings

"I wondered why we were asked to attend A.A. and Al-Anon meetings before the seminar began. Now I realize it would be difficult to have interpreted to you the nature of these meetings and to understand from whence the alcoholic derives strength to abstain and the family to carry on."

"Any professional person should go to several meetings. There are differences in the groups. Now I am less frustrated with people who either can not or will not have anything to do with it."

"The keen interest and unselfish support which the older A.A. members give to the new members is most revealing."

"What surprised me especially when I attended the Al-Anon meeting was the number of wives there whose husbands were still drinking. These wives were looking at themselves!"

"I am now better able to understand why A.A. meets some people's needs and is a lost cause for others."

"Attendance at A.A. and Al-Anon brings a Public Health nurse closer to understanding the problem as those directly involved see it."

"It's easy to be glib about these organizations but actually you don't know what it is all about until you see it in action."

Participants at the Foundation's seminars are encouraged to attend A.A. and Al-Anon meetings.

Working with A.A.

Get to know them . . . .

"It is very important to try to get to know various Groups within a community"

Don't become "an authority" . . . .

"A person needs to be cautious lest he becomes too familiar — then his usefulness within the community is

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for those concerned with
the well-being of alcoholics
and their families

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